



WEST HAVEN HEALTH DEPARTMENT
 355 MAIN STREET
 WEST HAVEN, CT 06516
 PHONE: 203-937-3660 FAX: 203-937-3976
 www.cityofwesthaven.com

APPLICATION FOR A PERMIT TO OPERATE A FOOD SERVICE ESTABLISHMENT

FOR OFFICE USE ONLY

TYPE OF FOOD ESTABLISHMENT <input type="checkbox"/> RESTAURANT <input type="checkbox"/> RETAIL FOOD STORE/DELI <input type="checkbox"/> BAR/CAFÉ <input type="checkbox"/> CHURCH <input type="checkbox"/> DAYCARE <input type="checkbox"/> CATERER <input type="checkbox"/> INSTITUTIONAL <input type="checkbox"/> BAKERY <input type="checkbox"/> SCHOOL		CLASSIFICATION <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 4	OFFICE USE ONLY: New FSE Application Fee \$50 Date Paid: _____ Class: _____ License Fee: _____ Date License Issued: _____
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Name of Business: _____

Address _____ City: _____

State: _____ Zip Code: _____ Phone: _____ Fax _____

Email: _____

Owner name: _____

Home address: _____ City: _____ State _____ Zip _____

Email: _____

Address where food permit should be mailed: _____

Name of Certified Food Protection Manager (CFPM): _____
 (Must be current within the last 5 years. Provide copy of certificate.)

Phone number of Certified Food Protection Manager: (____) _____

Signature of applicant: _____ License approved by: _____

Date: _____

For New Establishment/Ownership Change Use Only
_____ Fire Marshal's Office
_____ Building Department
_____ Zoning Department
_____ WPCA

TAX DEPARTMENT

By making application I agree to allow access to my establishment by West Haven Health Department personnel for inspection purposes. License is not transferrable between persons or places. License fees are non-refundable.

ESTABLISHMENT FEE Class 1- \$175 Class 2- \$275 Class 3 -\$375 Class 4- \$475 Catering: \$450
